

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 10-60)							SERIAL NO. <b>084965</b> APPLICATION NO.		FILING DATE <b>10-10-60</b>		
							CLAIMS				
	AS FILED		AFTER 1st REDUCTION		AFTER 2nd REDUCTION		61	62	63	64	
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